CALIFORNIA'S HEALTH

WILTON L. HALVERSON, M.D. DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH

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Marie Literary

GUY P. JONES Editor

EARLY PUBLIC HEALTH IN CALIFORNIA

By GUY P. JONES

HYGIENE TAUGHT AT U. C. IN 1873

The University of California received its charter March 23, 1868. In the Register of the University of California for 1870-1871 it was stated that instruction in physiology and hygiene was compulsory in all academic colleges for the second and third terms of the freshman year. On June 2, 1873, Dr. Thomas M. Logan, Secretary of the California State Board of Health, was invited to accept the chair of Hygiene in the Medical Department of the University, of which his brother wrote, "the chair was created expressly for him." On July 1, Dr. Logan reported the matter to the State Board of Health, presenting an outline of the proposed course for juniors and seniors in both medical and academic departments. As a matter of interest and because of the present stress on health education this outline is printed as follows:

SYNOPSIS

Of special subjects constituting a course of lectures on sanitary science and its collaterals, proposed to be delivered during the junior and senior years of the students in the University of California, both in the Academic and Medical Departments.

INTRODUCTION

The wisdom of The Regents in founding a Professorship of Hygiene—of incalculable benefits, because of the existence of disease and its heredity, which may be averted by a knowledge of the laws of health; considerations sustaining the theory of preventability of disease, and showing in what respects there is a practical and theoretical lawlessness; history of hygiene; epidemics of the dark ages; the dawn of returning civilization contemporaneous with the sanitary

code of Bernardo, in 1374; establishment of lazarettos; modern sanitary science; its objects and its aims the analogue of the ancient.

GENERAL OUTLINES OF THE COURSE

Hygiene, defined as that branch of sanitary science which concerns the physical condition of man—founded upon the physiological principles by which the organs are governed; in the same ratio that physiology and chemistry become better understood, does it approach nearer to a science; influence of attention to physiology in prolonging life, as proved by mortality statistics; the comparative superiority of other animals in exemption from disease accounted for; facts showing the increase in the duration of life; most diseases arise from avoidable causes; general causes of disease and mortality.

GENERAL DOCTRINES OF LIFE AND ORGANIZATION

The main facts and principles of human anatomy and physiology, illustrated by drawings, models, and preparations of natural parts, and by references to comparative anatomy and physiology; hygiene of the respiratory organs; of the digestive organs; of the nervous system, muscles, and locomotive organs, etc.; the practical application of this knowledge in preventing certain diseases, and also to cases of drowning, suffocation, burning, hemorrhage, etc.

PRIVATE HYGIENE, OR LAWS OF HEALTH RELATING TO THE INDIVIDUAL

Embracing the relations of food and water; condiments, stimulants, and narcotics (no part of the course will receive more profund attention than that upon the terrible evils resulting from the habitual use of narcotics and alcoholic compounds); personal cleanliness; pure air; bathing; clothing; exercise; manual and mental labor; rest, sleep, influence on

health of occupation and idleness; of different professions; outdoor and indore life; relaxation, recreation, amusements, games, sports, etc.

LAWS OF THE RELATIONS OF SEX

Love the source of all the passions; its abuses and excesses; marriage is its consummation and its emancipation; effects of marriage on longevity; proper selections; effects of, on offspring; mingling of nationalities and races; libertinism; glance at, in ancient and modern times; the most active cause of insanity, and of the dissolution of society; means of combating libertinism.

MENTAL HYGIENE

The word hygiene, in its largest sense, signifies rules for perfect culture of mind and body; it is impossible to dissociate the two; the body is affected by every mental and moral action; the mind is profoundly influenced by bodily conditions; effects of cerebral conditions; effects of physical influences; effects of mental conditions and influences; mental hygiene, as affected by the practices of the times, and by the tendency to disease; nature, kinds, and degrees of mental and moral unsoundness; storm signals and beacon lights for the prevention of different forms of insanity and premature mental decay.

DOMESTIC HYGIENE

Site, surroundings, warming, lighting, and ventilation; house drains, and sewerage of family dwellings; tenement dwellings of the poor; cooking and family discipline, etc.; household science in general.

PUBLIC HYGIENE OR STATE MEDICINE

State, or as sometimes termed, political, medicine, concerns itself but little relative to the cure of disease; the problem which it seeks to solve, is how disease may be averted; general conditions affecting health of communities or classes of people; climate and topography; meteorological relations; altitude; geological formations; soils; vegetation; exposure to sun and wind; proximity to mountains, plains, marshes, bodies of water, etc.; cultivation; drainage of swamps and low places; irrigation and flooding by dams and canals; rains and droughts; fogs, mists, etc.; potable water; wells; springs; rain water; city and country residences; sewage of cities; water and gas pipes; narrow streets and lanes; avenues and parks; docks and wharves; pollution of rivers and harbors; interment of the dead, etc.; contagious and malarious diseases, their nature; zymotic diseases; laws of propagation and prevention; quarantine; disinfection, etc.; registration of marriages, births, and deaths the basis of all knowledge in sanatory science; importance of boards of health; duties of their officers and other functionaries; influence of occupation on duration of life; influence of modern civilization on health and longevity; general review of the evils to be corrected by sanitary reforms; the fate of man is in his own hands.

The above synopsis is here presented in exemplification of what has been stated in this report to the Governor, and is intended to give some idea of the vast range of subjects embraced in this important branch of education. Only the most fundamental facts and principles have been mentioned, and the whole list of subjects will require revision and modification, as circumstances and exigencies may develop.

THOMAS M. LOGAN, M.D. Secretary State Board of Health.

CHOLERA ON THE SACRAMENTO RIVER IN 1850

FOR PANAMA VIA REALEJO DIRECT FROM SACRAMENTO CITY

The new and elegant clipper built, coppered and copperfastened bark Splendid, Isaac Harding, Jr., commander, will positively leave Sacramento for the above ports on Monday, October 28th, taking steam to San Francisco—The Splendid is 300 tons burden, complete in all respects, no expense having been spared to secure the comfort of passengers. She made the passage from Boston to Rio in 30 days, and thence to Valparaiso in 37 days. This opportunity will secure to passengers a safe, economical, expeditious, and pleasant passage, giving them an opportunity to avail themselves of the new route via Realejo, or across the Isthmus. Tickets can be secured on reasonable terms, with the assurance of positive dispatch on the 24th. The homeward bound are invited to examine the vessel, foot of M street. For passage apply to the Captain on board, or to Rich'd N. Berry & Co., Front St.

An experienced Surgeon goes in the Bark.

The above advertisement was printed in the "Sacramento Transcript" of October 20, 1850. At that time an epidemic of Asiatic Cholera was raging in Sacramento and the passenger list of the *Splendid* was filled rapidly by residents who desired to escape the epidemic. Out of a population of 7,500 barely 3,000 people were left. Among those who escaped was a doctor of medicine, W. W. Taylor, from Alabama, who was glad to take the post of ship surgeon on this Bark in order to get away from Sacramento. Portions of his notebook have become available and his account of this historic course of the *Splendid* down the Sacramento River to San Francisco in October of 1850 provides an interesting account of his harrowing experiences.

"About the middle of October, 1850, we descended from the high granitic crest of the Sierra Nevada to the low alluvial valley of the Sacramento. On quitting the mountain streams and reaching the valley, the traveler sees unrolled before him a vast plain, receding until it vanishes in the far horizon.

Fresh from the salubrious influence of a mountain atmosphere, we found ourselves breathing one dense and sultry, and saturated with dust and impurity. At this season of the year all Nature is dry, sere and parched, and presents more the appearance of an arid desert than a fertile valley. Neither hill nor cliff rises, to break the uniformity of the wide-extended plain; only here and there a lone tree, or occasionally a bank rising

sensibly higher than the adjoining parts. These banks abound in lime and fragments of sea-shells, and instinctively recall to the mind the more ancient condition of the globe, when these elevations were shoals, and the valley itself the bottom of a vast gulf, or Mediterranean Sea. And even now, the illusive phenomenon of the mirage, which is common on these plains, almost delude one into the belief, that he is surrounded by a sea, or on the surface of a vast watery mirror. All objects appear to hover in the air; trees, cattle, horses and men, appear inverted in the atmosphere.

On reaching Sacramento City, we found that that dread scourge, cholera, had just made its appearance, in more than an ordinarily malignant form. The panic was great, and well it might have been. For never, perhaps, was a city in a better condition to propagate an epidemic in all its malignancy. The situation of the town is low, and subject to annual inundations; the streets were filthy in the extreme, and the alleys and back yards filled with decaying vegetable and animal matter. Sutter Lake, situated within the suburbs of the city, contained a vast amount of stagnant water, dead and putrid fish, and all manner of filth, which produced an intolerable stench. The atmosphere was close and sultry, and void of electricity. Altogether, the city presented all the conditions that one would think requisite for the disease to flourish in all its horrors and mortality. And in addition to all this, as if to favor its mortality still more, the blood of a vast majority of its victims, from diet and habits of living, was, to a greater or less extent, in a scorbutic condition; and whenever this was the case, the disease was always sure to prove fatal.

For the first few days after the onset of the epidemic, every case proved mortal; there was no instance of recovery for three or four days. The first case of the epidemic that I saw in the city, was a patient of my esteemed friend, Dr. W. G. Proctor, who died in about six hours after the attack. I treated several other cases afterwards before leaving the city, but with very limited success.

In the meantime, I had engaged passage for Realejo, on the barque "Splendid," of Boston, Harding master, which was to sail on the twenty-eighth of October. The master offered me the surgeon's place, which I accepted; but in doing so, little did I suspect the immense labor that I was assuming, or the melancholy sequel that was to follow.

The day set apart for the sailing of the Splendid arriving, I left the city and boarded her in the capacity of surgeon and physician. The vessel was to have been towed down to San Francisco by steam, but owing to disappointment in getting a towboat, according to

contract of our captain, it was not done. The disappointment was in consequence of the engineer of the towboat having died of cholera, on the passage up the river, and the inability to get another in time to comply with the engagement. The result was that we had to float down by the current most of the way to Benicia.

The captain was ill of a mild form of the epidemic when we went on board, but the entire crew and all the passengers seemed to be in good health, and but little complaint amongst them, considering the evident insalubrious state of the atmosphere, and the known prevalence of the disease in the city. Under these circumstances, late on the evening of the 28th, we weighed anchor and dropped down with the current, on our way to San Francisco; but we had scarcely gotten our anchor clear, when I was summoned in haste to the forecastle to see the cook. On reaching him, I found him laboring under a severe attack of cholera-surface clammy and shrunk, great pallor, cramps, extremities cold, almost pulseless. Wishing to avoid the ill effects of a panic, after giving him a heavy dose of anodyne and carminative medicine, I immediately went to the mate, and had him conveyed to the shore, and sent to the hospital, without letting the passengers know the nature of his malady. At the same time, I ordered the chloride of lime to be freely used in the hold of the vessel. After this, all went well for about 36 hours, when I was called to see a man by the name of J., aged about 32 years, whom I found voiding every few minutes profuse rice colored discharges, features shrunk, surface cold and clammy, pulse quick and frequent, but almost imperceptible, and violent and excruciating cramps. Yet in this condition he was trying to walk about, and it was with difficulty that I could induce him to take his bunk. Finally succeeding in getting him to bed, I gave him a potion of the following:

	- to Process		
Rx	Tinet.	Opii,	i
	4.6	Capsici,	i
	4.6	Camph.	i
	6.6	Kino,	i
	6.6	Catechu,	i
	Oil Ca	rophyl.	i

Dose—a teaspoonful, repeated every 15 or 20 minutes, until the discharges are arrested, or the pernicious influence of the narcotic became apparent. After this I administered full doses of calomel. To relieve the spasms, I administered chloroform, in drachm doses, repeated according to the urgency of the symptoms, with much benefit. So potent and effectual was this remedy, in combatting this symptom, that I never used it in a single case that its effect was not immediate and happy—always relieving the cramps, and giving temporary relief, at least, to the patient. After giving it to

J. he revived, and seemed comparatively free from suffering for some hours, but eventually sank, and died after an illness of about 12 hours. But before this event occurred, there were a dozen other cases, and the panic with the passengers was complete; all was confusion among them; terror, dread and consternation were depicted in the countenance of the bold and firm, as well as the weak and timid. To such an extent were they frightened, that it was with the greatest difficulty that I could induce the well to nurse the sick, or give them any attention. To avoid a monotonous array of cases, I would merely observe, that my general practice throughout the entire course of the epidemic, was similar to that followed in the treatment of the case above alluded to, with what success must be hereafter determined. Warm baths, in which I placed great reliance as a remedy in the treatment of the disease, from the impracticability of heating water in sufficient quantities on the vessel, could not be commanded. Consequently, frictions and counter irritants were the only substitutes. I had no medical assistant, and but an indifferent set of nurses; under these circumstances, my task was not an easy one, and my situation anything but pleasant.

Our vessel was eight or nine days floating and lodging on sand bars (not sailing) to San Francisco; and of her 130 passengers on board, not more than eight or ten escaped the disease, in some form or other; some experiencing it very slightly, while others had it more severely. Of the whole number attacked, 17 died. I was forcibly struck with the great contrast of the disease, as it manifested itself on this occasion, and the character that it ordinarily presented in the valley of the Mississippi. I could only account for such difference, by supposing it to be the result of climatic influences. We know that not only plants and animals, but disease itself, presents different aspects and characters in different lands and climes. In our own temperate region, the Palma Christi (Ricini Communis) and the Cavenne Pepper, (Capsicum Annuum) are annual plants; while in the tropics they become perennial shrubs. The effect of these influences on animal life is not less marked and decided; the same is true of disease. And in virtue of this truth, perhaps, was the cholera essentially different, as it appeared in California, to what I had seen it in Louisiana 12 months previously. Indeed, so materially did it differ from the epidemic, as known east of the Cordilleras and Rocky mountains, that many of the best physicians were disposed to regard it as a different disease.

It may be proper to observe some of the characteristic differences in the disease, as it manifested itself in California, compared with that form of epidemic cholera that I had seen and treated on the Ouachita. In

the disease as it appeared in California, there was, in many instances, an entire absence of vomiting and cramps, and some few, indeed, did not experience any pain. The discharges from the bowels were both frequent and copious, but in nearly all the cases the stools, instead of presenting the characteristic appearance of rice water, in color and consistence, were of a light crimson, brown, or brick-dust color-as if the ordinary rice water discharges had been charged with these different hues, by the thorough incorporation of greater or less quantities of blood, that had exuded from the enteromucous surface. J. and four others were the only cases that occurred on the vessel, in which all the symptoms of the genuine Asiatic cholera were present. For a long time I was in doubt, and am not yet fully decided. whether to regard the disease as epidemic Asiatic cholera, modified by the universal disposition in that country to inflammation of the intestines; or whether it was a malignant epidemic form of inflammation and congestion of the bowels. Certain however it was, that its malignancy was increased by an abnormal and insalubrious state of the atmosphere. The atmosphere at the time was thick and hazy, as if saturated with smoke and dust, and almost an entire absence of electricity. Even those that were well seemed dull and heavy, and indisposed to act; all were low-spirited and despondent. And, as if to add still more to the detriment and discomfiture of the panic-stricken and illfated passengers, the air was raw, chilly, damp and penetrating. The gloom on some occasions was sufficient to unnerve the most stout-hearted. I remember one morning, after having been below in the hold all night with the sick, trying to administer to their wants, I came on deck, and found our vessel fast aground on a sand bar. The sun was obscured by the clouds, and the winds blew bleak and damp, pregnant with disagreeable odors from the dismal sloughs and marshes on either side of the river-all nature seemed to frown; and then, as if to add horror to the scene, and make despair complete, the ear was pierced every moment with the screams and groans of the dead and dying.

In nearly all the cases, previous to the attack, (a few hours only, ordinarily) there was a partial suppression of urine, and in some few instances, I have reason to believe that I succeeded in arresting the disease, or at least mitigating it to a great extent, by the timely use of diuretics. One case I will give in illustration: C. C., a stout, robust, intelligent man, aged about 45 years, came to me with all the premonitory symptoms, and with them, a total suppression of urine. I immediately gave him a full dose of Spts. Nit. Dulc., and advised him to go to the medicine chest and take a dose of the mixture given on a preceding page, with the further

instruction to retire to his berth and remain there quietly. Two hours afterwards I visited him again, and asked him how he was getting on. His answer was, "Well, doctor, I did not take the other dose that you prescribed, but the Nitre has made me as straight as a pin, and I do not think it will be necessary to take anything farther; my kidneys are acting finely, and I feel as if I would recover without farther trouble." However, I was not willing to risk it, and gave him a dose of calomel and Dover's powders; it acted well; his symptoms all disappeared, and there was no recurrence of them. I never lost a case of the disease when I could get free and consistent bilious discharges.

We reached San Francisco about the seventh of November. On reaching the city we made arrangements with the authorities as soon as possible to remove some of our sickest passengers to the city hospital. We sent eight patients to it, three of whom died within 24 hours after their admission. These three are included in the 17, the sum total of the mortality, from the epidemic on the vessel.

After reaching the Bay of San Francisco, and coming under the influence of the sea breeze, we had but few new cases of the epidemic. With the exception of myself and one or two others, there were none. I was taken quite violently with the disease the morning after we anchored in the port, but it yielded readily to medicine, and I was up again in a few days. What is remarkable in my case is, that I should have exposed myself to the disease so constantly, and mingled with it so much, and yet about the last to take it. My labor during the whole trip down the river was incessant—waiting on the sick day and night for 10 days in succession, during which time I did not sleep, in the aggregate, eight hours.

We remained in San Francisco until the eleventh of November, when we weighed anchor, unfurled our sails and cleared port, and were soon, once more, on the bosom of the Pacific, on our way to Realejo. We had no more of the epidemic on board after we got out at sea, but had several cases of typhoid fever, of which two passengers died, and several others escaped very narrowly."

Through our great good fortune, in our youth our hearts were touched with fire. It was given us to learn at the outset that life is a profound and passionate thing. While we are permitted to scorn nothing but indifference, and do not pretend to undervalue the worldly rewards of ambition, we have seen with our own eyes, beyond and above the gold fields, the snowy heights of honor, and it is for us to bear the report to those who come after us.—Oliver Wendell Holmes.

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* Dr. M. M. Grannis of Visalia appointed Governor, confirmed by Senate, but died of tuberculosis before taking seat. Dr. Cluness appointed in his stead.

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Winslow Anderson, M.D. San Francis D. D. Crowley, M.D. Oakland C. A. Ruggles, M.D. Stockton C. W. Nutting, M.D. Etna Mills	Edward F. Glaser, M.D. San Francisco Adelaide Brown, M.D. San Francisco
Winslow Anderson, M.D. San Franci D. D. Crowley, M.D. Oakland C. A. Ruggles, M.D. Stockton	Edward F. Glaser, M.D. San Francisco Adelaide Brown, M.D. San Francisco Robert A. Peers, M.D. Colfax

1916-1918: George E. Ebright, M.D., President San Francisco F. F. Gundrum, M.D., Vice President Sacramento W. H. Kellogg, M.D., Secretary Sacramento Edward F. Glaser, M.D. San Francisco Adelaide Brown, M.D. San Francisco Robert A. Peers, M.D. Colfax W. LeMoyne Wills, M.D. Los Angeles WM. H. STEPHENS GOVERNOR	John H. Graves, M.D., President San Francisco Edward M. Pallette, M.D., Vice President Los Angeles Giles S. Porter, M.D., Executive Secretary Los Angeles Junius B. Harris, M.D. Sacramento William R. P. Clark, M.D. San Francisco Gifford L. Sobey, M.D. Paso Robles George H. Kress, M.D. Los Angeles JAMES ROLPH, JR. GOVERNOR
George E. Ebright, M.D., President San Francisco F. F. Gundrum, M.D., Vice President Sacramento *Irving R. Bancroft, M.D., Secretary Sacramento Walter M. Dickie, M.D., Secretary Sacramento Edward F. Glaser, M.D. San Francisco Adelaide Brown, M.D. San Francisco Walter Lindley, M.D. Los Angeles Robert A. Peers, M.D. Colfax WILLIAM H. STEPHENS GOVERNOR * Dr. Bancroft served from March, 1920, to August, 1920. Dr. Dickie appointed to Dr. Bancroft's place.	(Walter M. Dickie, M.D., replaced by Dr. Giles S. Porter, January 29, 1931; Adelaide Brown, M.D. and Edward F. Glaser, M.D., resigned; Robert A. Peers, M.D., and Fred F. Gundrum, M.D., terms expired—replaced by Drs. Sobey and Harris; A. J. Scott, Jr., M.D., term expired—replaced by Dr. Pallette.) 1932-1934: Howard Morrow, M.D., President
George E. Ebright, M.D., President. San Francisco F. F. Gundrum, M.D., Vice President. Sacramento Walter M. Dickie, M.D., Secretary. Sacramento Edward F. Glaser, M.D. San Francisco Adelaide Brown, M.D. San Francisco Robert A. Peers, M.D. Colfax A. J. Scott, Jr., M.D. Los Angeles FRIEND W. RICHARDSON. GOVERNOR	JAMES ROLPH, JR
1922-1924: George E. Ebright, M.D., President	Howard Morrow, M.D., President. San Francisco Edward M. Pallette, M.D., Vice President. Los Angeles William R. P. Clark, M.D. San Francisco George H. Kress, M.D. Los Angeles Gustave Wilson, M.D. Sacramento Gifford L. Sobey, M.D. Paso Robles Walter M. Dickie, M.D., Executive Secretary Berkeley FRANK F. MERRIAM GOVERNOR (Dr. Harris resigned in May, 1936, succeeded by Dr. Wilson: Dr. Dickie succeeded by Dr. Dunshee in September, 1935).
1924-1926: George E. Ebright, M.D., President	1936-1938: Howard Morrow, M.D., President
1926-1928: George E. Ebright, M.D., PresidentSan Francisco Fred F. Gundrum, M.D., Vice PresidentSacramento Walter M. Dickie, M.D., Secretary and	(Gifford L. Sobey, M.D., Paso Robles, succeeded by Dr. Terry in April, 1937.)
Executive Officer Sacramento Robert A. Peers, M.D Colfax Edward F. Glaser, M.D San Francisco Adelaide Brown, M.D San Francisco A. J. Scott, Jr., M.D Los Angeles FRIEND W. RICHARDSON. GOVERNOR C. C. YOUNG. GOVERNOR 1928-1930: George E. Ebright, M.D., President. San Francisco Fred F. Gundrum, M.D., Vice President. Sacramento A. J. Scott, Jr., M.D Los Angeles Edward F. Glaser, M.D. San Francisco Adelaide Brown, M.D. San Francisco Robert A. Peers, M.D. Colfax	Howard Morrow, M.D., President San Francisco F. M. Pottenger, Sr., M.D., Vice President Los Angeles W. R. P. Clark, M.D. San Francisco A. Elmer Belt, M.D. Los Angeles Frank B. Young, M.D. Long Beach V. A. Rossiter, D.D.S. Santa Ana Norman F. Sprague, D.O. Los Angeles Bertram P. Brown, M.D., Executive Secretary San Francisco CULBERT L. OLSON GOVERNOR (George H. Kress, M.D., Los Angeles, resigned September, 1939; succeeded by Dr. Sprague; E. M. Pallette, M.D., Los Angeles, and Gustave Wilson, M.D., Sacramento—replaced by Doctors Pottenger and Belt, June 21, 1940; Roy A. Terry, M.D., Long Beach, term
Walter M. Dickie, M.D., Executive SecretarySacramento C. C. YOUNGGOVERNOR	expired January 15, 1940—succeeded by Dr. Young; Walter M. Dickie, M.D., Sacramento—replaced by Dr. Brown in June, 1940.)

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1940-1943:

A. Elmer Belt, M.D., President	Los Angeles
F. M. Pottenger, Sr., M.D., Vice Presider	ntLos Angeles
Horace L. Dormody, M.D.	Monterey
V. A. Rossiter, D.D.S.	Santa Ana
Norman F. Sprague, D.O	Los Angeles
Charles E. Smith, M.D	San Francisco
James F. Rinehart, M.D	San Francisco
Wilton L. Halverson, M.D., Secretary an	d
Executive Officer	San Francisco
EARL WARREN	GOVERNOR

(Amos Christie, M.D., San Francisco, resigned January, 1942; Howard Morrow, M.D., San Francisco, and William R. P. Clark, M.D., San Francisco, resigned July 6, and 29, 1940; Frank B. Young, M.D., Long Beach, died March 4, 1941; Bertram P. Brown, M.D., replaced by W. L. Halverson, M.D., January, 1943.)

1945-April 15.

Charles W. Smith, M.D., President	San Francisco
James F. Rinehart, Vice President	San Francisco
Elmer Belt, M.D.	Los Angeles
Harry E. Henderson, M.D.	Santa Barbara
Sanford M. Moore, D.D.S.	San Francisco
Samuel J. McClendon, M.D	San Diego
Errol R. King, D.O.	Riverside
Wilton L. Halverson, M.D.	San Francisco
EARL WARREN	GOVERNOR

(Dr. Rossiter died in 1943, succeeded by Dr. Moore; Dr. Henderson and Dr. McClendon, succeeded by Dr. Pottenger and Dr. Dormody, terms expired; Dr. King succeeded Dr. Sprague whose term expired January 15, 1945.)

MEN WHO HAVE SERVED AS SECRETARY AND EXECUTIVE OFFICER OF THE CALIFORNIA STATE BOARD OF HEALTH FROM ITS ORGANIZATION IN 1870 TO 1945

Thomas M. Logan, M.D	April 1870-Feb. 1876
F. W. Hatch, Sr., M.D.	
Gerrard, G. Tyrrell, M.D.	Nov., 1884-April, 1891
J. R. Laine, M.D.	
W. P. Mathews, M.D.	
Newell K. Foster, M.D.	
Wm. F. Snow, M.D.	Aug., 1909-Nov., 1913
Donald H. Currie, M.D.	_Jan., 1914-Aug., 1915
Wilbur A. Sawyer, M.D.	
Wilfred H. Kellogg, M.D.	_Jan., 1918-Mar., 1920
Irving R. Bancroft, M.D.	_ Mar., 1920-Aug., 1920
Walter M. Dickie, M.D.	_ Aug., 1920-Jan., 1931
	Sept., 1935-June, 1940
Giles S. Porter, M.D	_ Jan., 1931-Mar., 1934
J. D. Dunshee, M.D.	_ Mar., 1934-Sept. 1935
Bertram P. Brown, M.D.	_June, 1940-Jan., 1943
Wilton L. Halverson, M.D	Jan., 1943-

MEN WHO HAVE SERVED AS PRESIDENT OF THE CALIFORNIA STATE BOARD OF HEALTH 1870-1945

Henry Gibbons, Sr., M.D., San Francisco	1870-1884
Henry S. Ormes, M.D., Los Angeles	1884-1894
W. F. Wiard, M.D., Sacramento	1894-1898
R. W. Hill, M.D., Los Angeles	1898-1903
Martin Regensburger, M.D., San Francisco	1903-1915
George E. Ebright, M.D., San Francisco	1915-1931
John H. Graves, M.D., San Francisco	1931-1933
Howard Morrow, M.D., San Francisco	1933-1940
A. Elmer Belt, M.D., Los Angeles	1940-1944
Charles E. Smith, M.D., San Francisco	1944

In every country where man is free to think and to speak, difference of opinion will arise from difference of perception, and the imperfection of reason; but these differences when permitted, as in this happy country, to purify themselves by free discussion, are but as passing clouds overspreading our land transiently, and leaving our horizon more bright and serene.

—Thomas Jefferson.

MORBIDITY REPORT-MARCH, 1945

Reportable diseases	Week ending				Total cases	5-yr me- dian	Total
	3/10	3/17	3/24	3/31	Mar.	Mar.	Jan Mar., inc.
Amebiasis (Amoebic Dysentery)		4	2	4	10		29
Botulish		*****		*****			1
Chancroid Chickenpox (Varicella) Cholera, Asiatic	1,636	1,904	1,768	1,776	7,084	6,457	18,730
Coccidioidal granuloma			*****	1	1		9
atorum)		1	*****		1		5
Diphtheria. Dysentery, bacillary Encephalitis, infectious	25 7	19 5	27 7 2	17	88 19 2	81	370 91 14
Diarrhea of the newborn Epilepsy Food poisoning German measles (Rubella)	34 1 365	64 1 483	34 4 472	34 38 426	166 44 1,746		392 66 3,931
Glanders	620	511	588	561	2,280	1.321	6,577
Granuloma inguinale Influenza, epidemic Jaundice, infectious Leprosy	1 24 6	3 31 1	13 16	14 5	82 28	666	16 322 77 2
Lymphogranuloma venereum (lym- phopathia venereum, lympho- granuloma inguinale)	7 1,013 22 1,407	2 4 1,208 25 1,477 2	8 1 1,288 17 1,309	8 5 1,165 23 1,307 2	25 11 4,674 87 5,500 4	5 3,640 15 3,930	62 27 9,587 252 14,092 8
Plague	97	108	72 3	67	344	363 10	1,281
Rabies, human	16	9	27	9	61	52	132
Relapsing fever	20	26	15	15	76		205
Rocky Mountain spotted fever Scarlet fever Septic sore throat, epidemic	444	411	398	298	1,551	664	5,025
Smallpox (variola)		470	623	727	2,513	2,014	7,212 17
Trachoma. Trichinosis Tuberculosis, pulmonary Tuberculosis, other forms Tularemia.	114 8	1 127 7	186 14	205 21	632 50,	616	19 4 1,929 140
Typhoid fever Typhus fever Undulant fever (Brucellosis) Whooping cough (Pertussis)	1 5	2 351	5 408	2 2 4 365	4 3 16 1,454	16 17 1,403	19 14 57 3,728
Yellow fever	*****		4		28,605		74,550

Note: Military cases, if any, not included.

Warner G. Rice, Director General Library, Univ. of Michigan, Ann Arbor, Mich.



